

ARIZONA DEPARTMENT OF RACING

PLEASE PRINT IN INK OR TYPE

1110 W. Washington, Ste. 260

Phoenix, AZ 85007

Telephone (602) 364-1700

AUTHORIZED AGENT APPOINTMENT

HORSE LICENSE <input type="checkbox"/>	TRACK WHERE PARTICIPATING	APPLICATION DATE
GREYHOUND LICENSE <input type="checkbox"/>		
There are three categories of Authorized Agents, EACH requiring a separate, written agreement between the person acting as Authorized Agent and the principal(s) involved. Type of entity: <input type="checkbox"/> Sole Ownership <input type="checkbox"/> Joint Interest Ownership (Give Names of Joint Owners Below) 1) _____ 2) _____ 3) _____ 4) _____ <input type="checkbox"/> Stable/Kennel/Corporation Name : _____ (Provide Name)		

FOR OFFICIAL USE ONLY LICENSE NO. ISSUED
DATE OF ISSUE:
LICENSE FEE: \$ _____ Fee Paid By: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK/M.O.
CHANGE OR OVERPAYMENT
<input type="checkbox"/> New <input type="checkbox"/> Renewal
EXPIRATION DATE

AN APPOINTMENT OF AN AUTHORIZED AGENT FOR ONE CATEGORY OF ACCOUNT MAY NOT BE UTILIZED TO FORM AN AUTHORIZED AGENT FOR ANY OTHER ACCOUNT. THUS, A SEPARATE AUTHORIZED AGENT FORM MUST BE SIGNED BY ALL PRINCIPALS FOR EACH SEPARATE AND DISTINCT ACCOUNT.

I HEREBY APPOINT:					
PRINT NAME OF AUTHORIZED AGENT		LAST NAME	FIRST NAME	MIDDLE INITIAL	SR., JR., ETC.
PERMANENT ADDRESS		STREET ADDRESS	CITY	STATE	ZIP CODE
TELEPHONE NUMBER ()		(*) SOCIAL SECURITY NUMBER (MANDATORY)		DATE OF BIRTH (MONTH/DAY/YEAR)	

THE AUTHORIZED AGENT MAY

☐ Yes Conduct **ALL** matters relating to my racing animals, with **NO** limitations or restrictions

If LIMITATIONS/RESTRICTIONS pertain to this appointment, complete the following by checking "**YES**" or "**NO**" FOR EACH STATEMENT:

- | | | | |
|------------------------------|-----------------------------|----|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A. | Claim horses /greyhounds in my/our name |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | B. | Sell, buy, or transfer horses/greyhounds without written consent |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | C. | Receive and endorse checks made payable to me/us |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | D. | Direct the transfer of money in my/our account |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | E. | Have checks made payable to himself/herself from my/our account |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | F. | Other business. Describe other business indicating limitations or restrictions, if any: _____ |

PRINT NAME OF OWNER		LAST NAME	FIRST NAME	MIDDLE INITIAL	SR., JR., ETC.
PERMANENT ADDRESS		STREET ADDRESS	CITY	STATE	ZIP CODE
ADOR LIC. NO.		(*) SOCIAL SECURITY NUMBER (MANDATORY)		DATE OF BIRTH (MONTH/DAY/YEAR)	

ACKNOWLEDGMENT

I hereby appoint the person indicted above to act for me on matters relating to my race animals in accordance with Arizona Racing Commission Rules. I assume full financial responsibility for the acts of my Authorized Agent in connection with this appointment. In granting this authority, I release the Arizona Racing Commission and the Arizona Department of Racing from any liability or responsibility for any misuse of the authority or misappropriation of any funds on the part of my appointed Authorized Agent. I understand that changes in the Authorized Agent's powers or revocation of an Agent's authority shall be in writing, either notarized or signed in the presence of the a Department official, and shall be filed with the Department and the Horsemen's Bookkeeper

STATE OF _____)
COUNTY OF _____) SS

SWORN TO BEFORE ME THIS _____ DAY OF _____, 19 _____.

X _____
SIGNATURE MUST BE NOTARIZED UNLESS SIGNED IN THE PRESENCE OF AN EMPLOYEE
OF THE ARIZONA DEPARTMENT OF RACING

NOTARY PUBLIC

STATE OF _____)
COUNTY OF _____) SS

SWORN TO BEFORE ME THIS _____ DAY OF _____, 19 _____.

EMPLOYEE - ARIZONA DEPARTMENT OF RACING

X _____
SIGNATURE OF AUTHORIZED AGENT

NOTARY PUBLIC

EMPLOYEE - ARIZONA DEPARTMENT OF RACING

* **PLEASE READ CAREFULLY:** A.R.S. §25-320 **MANDATES** THAT EACH LICENSING BOARD OR AGENCY THAT ISSUES PROFESSIONAL OR OCCUPATIONAL LICENSSES OR CERTIFIACATES **MUST** OBTAIN AND RECORD THE SOCIAL SECURITY NUMBER OF AN APPLICANT FOR PROFESSIONAL OR OCCUPATIONAL LICENSE OR CERTIFICATE. THEREFORE, IT IS **MANDATORY** THAT YOUR SOCIAL SECURITY NUMBER IS PROVIDED ON THIS APPLICATION. WHEN SOCIAL SECURITY NUMBERS APPEAR ON PUBLIC RECORDS, AND COPIES OF SUCH RECORDS BECOME THE SUBJECT OF A RECORDS REQUEST, SOCIAL SECURITY NUMBERS **MUST** BE REDACTED FROM THE DOCUMENT.

EXAM TECH

PROCESSED

INVESTIGATOR

REVIEWED

INTERVIEWED

BOARD OF STEWARDS

APPROVED

DENIED